THIS FORM IS INTENTIONALLY PLACED AT THE BOTTOM OF THE PAGE TO MAINTAIN A CLEAN LEADING EDGE TO ENHANCE PROCESSING

Filing Checklist				
	Are name(s) and address complete, correct and legible?			
	Are social security number(s) legible?			
	Are social security number(s), "PIT-PV", and the correct tax year written on your check? Did you indicate the correct taxable year for which you are making the payment?			
	Did you mail your PIT-PV and check to the address below?			
	Did you include your check?			
	Are you using the correct form? This form is used by taxpayers who wish to make payment with the final PIT-1 return. If you are making an estimated payment, use the PIT-ES voucher.			

MAIL TO: New Mexico Taxation and Revenue Department PO Box 8390 Santa Fe, NM 87504-8390

PLEASE DETACH BOTTOM PORTION BEFORE SUBMITTING TO THE DEPARTMENT

(PLEASE CUT ALONG DOTTED LINE)

PIT-PV	New Mexico Ta	x Payment Voucher	Tax Year
YOUR FIRST NAME	E AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NUMBER
SPOUSE'S FIRST N	NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER
ADDRESS (Numbe	er & Street)	CITY, STATE AND ZIP CODE	Check this box if address is new or changed
•	ck or money order paya xation and Revenue Dep		000

Using your own envelope, mail payment and voucher to: New Mexico Taxation and Revenue Department P.O. Box 8390, Santa Fe, NM 87504-8390